CHRI STOPHER EAST HEALTH/REHAB

1132 EAST KNAPP STREET

MI LWAUKEE 53202 Phone: (414) 273-3560 Ownership: Corporati on Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 154 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 215 Average Daily Census: 127 Number of Residents on 12/31/00: 125

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care	No	Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year	36. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	28. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	1.6	Under 65	29. 6	More Than 4 Years	35. 2
Day Services	No	Mental Illness (Org./Psy)	8.8	65 - 74	20.8		
Respite Care	Yes	Mental Illness (Other)	18. 4	75 - 84	25. 6	I	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	10. 4	85 - 94	21.6	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3. 2	95 & 0ver	2.4	Full-Time Equivalen	t
Congregate Meals	No	Cancer	2. 4			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	3. 2		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	28. 0	65 & 0ver	70. 4		
Transportation	No	Cerebrovascul ar	9. 6			RNs	5. 6
Referral Service	No	Di abetes	7. 2	Sex	%	LPNs	9. 9
Other Services	Yes	Respi ratory	7. 2			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	0.0	Male	40. 8	Aides & Orderlies	44. 5
Mentally Ill	Yes			Female	59. 2		
Provide Day Programming for		I	100. 0			İ	
Developmentally Disabled	Yes				100. 0		
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Method of Reimbursement

		Medi	care		Medio	ai d											
		(Titl	e 18)		(Title	19)		0th	er	P	ri vate	Pay		Manag	ed Care		Percent
			Per Di	em		Per Die	m		Per Die	m		Per Dien	n		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No	. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	9	8. 4	\$95. 61	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	9	7. 2%
Skilled Care	6	100. 0	\$220.00	90	84. 1	\$82. 78	6	100. 0	\$82. 78	0	0.0	\$0.00	5	100. 0	\$375.00	107	85. 6%
Intermediate				7	6. 5	\$69. 94	0	0.0	\$0.00	1	100. 0	\$188.00	0	0. 0	\$0.00	8	6. 4%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Dev. Di sabl ed				1	0. 9	\$119. 15	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	1	0. 8%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	6	100. 0		107	100. 0		6	100. 0		1	100. 0		5	100. 0		125	100.0%

CHRI STOPHER EAST HEALTH/REHAB

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi ti	ons, Servi ces	, and Activities as of 12/	31/00			
Deaths During Reporting Period										
			% Needing							
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of			
Private Home/No Home Health	10. 2	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents			
Private Home/With Home Health	0.0	Bathi ng	7. 2		41. 6	51. 2	125			
Other Nursing Homes	9. 2	Dressi ng	13. 6		42. 4	44. 0	125			
Acute Care Hospitals	75. 5	Transferri ng	30. 4		29. 6	40. 0	125			
Psych. HospMR/DD Facilities	2.0	Toilet Use	27. 2		34. 4	38. 4	125			
Rehabilitation Hospitals	3. 1	Eati ng	60. 8		24. 0	15. 2	125			
Other Locations	0.0	**************	******	******	*********	**********	*******			
Total Number of Admissions	98	Continence		%	Special Trea	tments	%			
Percent Discharges To:		Indwelling Or Extern	nal Catheter	15. 2	Recei vi ng	Respi ratory Care	4. 8			
Private Home/No Home Health	34.0	0cc/Freq. Incontine	nt of Bladder	40.8	Recei vi ng	Tracheostomy Care	0.8			
Private Home/With Home Health	9. 3	0cc/Freq. Incontine	nt of Bowel	26. 4	Recei vi ng	Sucti oni ng	0. 8			
Other Nursing Homes	10.3				Recei vi ng	Ostomy Care	0.8			
Acute Care Hospitals	17. 5	Mobility			Recei vi ng	Tube Feedi ng	8. 0			
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	2.4	Recei vi ng	Mechanically Altered Diets	24. 0			
Rehabilitation Hospitals	0.0									
Other Locations	2. 1	Skin Care			Other Reside	nt Characteristics				
Deaths	26.8	With Pressure Sores		6. 4	Have Advan	ce Directives	91. 2			
Total Number of Discharges		With Rashes		0.8	Medi cati ons					
(Including Deaths)	97				Recei vi ng	Psychoactive Drugs	60. 0			
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	Ownershi p:		Bed	Si ze:	Li c	ensure:			
	Thi s	Proj	pri etary	20	00 +	Ski l	lled	Al l	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	59 . 1	74.6	0. 79	80. 3	0. 74	81. 9	0.72	84. 5	0.70
Current Residents from In-County	92. 8	84. 4	1. 10	84. 7	1. 10	85. 6	1.08	77. 5	1. 20
Admissions from In-County, Still Residing	40. 8	20. 4	2. 01	28. 9	1.41	23. 4	1. 74	21.5	1. 90
Admissions/Average Daily Census	77. 2	164. 5	0. 47	96. 3	0.80	138. 2	0. 56	124. 3	0.62
Discharges/Average Daily Census	76. 4	165. 9	0.46	100.6	0. 76	139. 8	0. 55	126. 1	0.61
Discharges To Private Residence/Average Daily Census	33. 1	62. 0	0. 53	26. 4	1. 25	48. 1	0.69	49. 9	0. 66
Residents Receiving Skilled Care	92. 8	89. 8	1.03	88. 4	1.05	89. 7	1.03	83. 3	1. 11
Residents Aged 65 and Older	70. 4	87. 9	0.80	90. 4	0. 78	92. 1	0.76	87. 7	0.80
Title 19 (Medicaid) Funded Residents	85. 6	71. 9	1. 19	73. 5	1. 16	65. 5	1. 31	69. 0	1. 24
Private Pay Funded Residents	0.8	15. 0	0.05	18. 7	0.04	24. 5	0. 03	22.6	0.04
Developmentally Disabled Residents	1.6	1. 3	1. 21	1. 2	1. 31	0. 9	1.80	7. 6	0. 21
Mentally Ill Residents	27. 2	31. 7	0.86	33. 1	0.82	31. 5	0.86	33. 3	0.82
General Medical Service Residents	0. 0	19. 7	0.00	20.6	0.00	21.6	0.00	18. 4	0.00
Impaired ADL (Mean)	55. 2	50. 9	1.08	52. 0	1.06	50. 5	1.09	49. 4	1. 12
Psychological Problems	60. 0	52. 0	1. 15	49. 4	1. 22	49. 2	1. 22	50. 1	1. 20
Nursing Care Required (Mean)	5. 8	7. 5	0. 77	6.8	0.85	7. 0	0.82	7. 2	0. 81